



NOTICE OF VACANCY FORM

Date: _____

To advise Section 8 Voucher holders of your vacant unit, please complete this form and mail it to the City of Carlsbad, Housing and Redevelopment Department at 2965 Roosevelt St. Carlsbad, CA 92008. You may also fax the form to (760) 720-2037. We will keep this information for **90 days** or until further notice. Please contact our office once your unit is rented.

DESCRIPTION OF VACANCY:

Unit Address:	
City, State, Zip:	
Number of Bedrooms:	Number of Bathrooms:
Type of unit: <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> House	
Proposed rent:	Proposed security deposit:
Unit is available on:	
Utilities paid by Tenant: <u>Gas & Electricity</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Water, Sewer</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Trash</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appliances included by Owner: <u>Refrigerator</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Stove</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
List amenities:	
Telephone contact name:	<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager
Telephone number:	

FEDERAL REGULATIONS REQUIRE THAT HOUSING STAFF DETERMINE THAT THE RENT IS REASONABLE IN COMPARISON TO RENT FOR OTHER COMPARABLE UNASSISTED UNITS.

THE PURPOSE OF THE RENT REASONABLENESS TEST IS TO ENSURE THAT A FAIR RENT IS PAID FOR UNITS SELECTED FOR PARTICIPATION IN THE RENTAL ASSISTANCE PROGRAM AND THE PROGRAM DOES NOT HAVE THE EFFECT OF INFLATING RENTS IN THE COMMUNITY. TO MAKE THIS DETERMINATION, THE HOUSING AUTHORITY WILL CONSIDER:

- The location, quality, size, unit type, and age of the contract unit.
- Any amenities, housing services, maintenance and utilities to be provided by the owner in accordance with the lease.